MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/779062* FILING DATE

APPLICANT(S)

3/21/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/	/			51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				—			56						
7				/			57						
8			—	—			58						
9				/			59						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	7	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			8				TOTAL CLAIMS						